

## REPORT OF EXPENDITURES AND REQUEST FOR FUNDS

MAIL TO: OES ACCOUNTING

3650

MATHER, CA 95655-4203

FORM 201 EZ (REV. 8/04)

(1) RECIPIENT
(2) PROJECT TITLE
(4) ADDRESS <input type="checkbox"/> NEW

(3) BILLING PERIOD <input type="checkbox"/> FINAL
(5) GRANT AWARD NUMBER
(6) FEDERAL EMPLOYER IDENTIFICATION NUMBER

(7) CONTACT PERSON	(8) PHONE NUMBER
(9) E-MAIL ADDRESS	(10) FAX NUMBER

CATEGORY	(11) FEDERAL GRANT		FEDERAL PROJECT ACRONYM			
	CURRENT REQUEST	TOTAL EXPENDITURES TO DATE				
(A) PERSONAL SERVICES			<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>LLEB</b>	Local Law Enforcement Block Grant
(B) OPERATING EXPENSES			<b>BYRN</b>	Byrne State / Local Law Enforce Assist	<b>MCPP</b>	Mentoring Children of Prisoners
(C) EQUIPMENT			<b>CJAS</b>	Child Justice Act	<b>PSNC</b>	Project Safe Neighborhood - Central
<b>TOTAL PROJECT EXPENDITURES</b>			<b>DVCV</b>	Rural Domestic Violence / Child Victimization	<b>PSNN</b>	Project Safe Neighborhood - Northern
(D) ADVANCE			<b>FSIA</b>	Forensic Sciences Improvement	<b>RSAT</b>	Residential Sub Abuse Treatment
(E) LESS MATCH %			<b>FSID</b>	Forensic Sciences Improve - Discretionary	<b>VAWA</b>	Violence Against Women Act - Services*Training* Officers*Prosecutors(STOP)
<b>TOTAL to be PAID</b>			<b>FVPS</b>	Family Violence Preventive Services	<b>VOCA</b>	Victims of Crime Act

CATEGORY	(12) STATE GRANT		STATE PROGRAM ACRONYM			
	CURRENT REQUEST	TOTAL EXPENDITURES TO DATE				
(A) PERSONAL SERVICES			<b>CCA</b>	Career Criminal Apprehension	<b>PPD</b>	Public Prosecut/Defend - Fund 0241
(B) OPERATING EXPENSES			<b>CCR</b>	Community Crime Resistance	<b>RCP-GF</b>	Rape Crisis Program-Gen Fund
(C) EQUIPMENT			<b>CHSP</b>	Cold Hit Special Project	<b>RCP</b>	Rape Crisis Program - Fund 0425
<b>TOTAL PROJECT EXPENDITURES</b>			<b>CSAE</b>	Child Sexual Abuse / Exploitation		
(D) ADVANCE			<b>CSAP</b>	Child Sexual Abuse Prev/Training	<b>RLCP</b>	Rural Crime Prevention
(E) LESS MATCH %			<b>DASS</b>	Drug Abuse Suppression in Schools	<b>RP</b>	Rape Prevention
<b>TOTAL to be PAID</b>			<b>DV</b>	Domestic Violence	<b>RPED</b>	Rape Prevention - Education
			<b>EMT</b>	Evidentiary Medical Training	<b>SHO</b>	Serious Habitual Offender
			<b>FV</b>	Family Violence	<b>VDI</b>	Vertical Defense of Indigents
			<b>GVS</b>	Gang Violence Suppression	<b>VLRC</b>	Victims Legal Resource Center
			<b>HTT</b>	High Technology Theft	<b>VPBG</b>	Vertical Prosecution Block Grant
			<b>HY</b>	Homeless Youth	<b>VWA</b>	Victim Witness Assistance
			<b>LFLIP</b>	Local Forensic Lab Improve Program		
			<b>MAGE</b>	Multi-Agency Gang Enforcement	<b>WOM</b>	War on Methamphetamine
			<b>PPD-GF</b>	Public Prosecut / Defend - Gen Fund	<b>YET</b>	Youth Emergency Telephone

Under penalty of perjury, I certify that I am the duly authorized officer of the claimant herein; this claim is in all respects true, correct, and all expenditures were made in accordance with all applicable laws, rules, regulations including, but not limited to Government Code Sections 1090 – 1096, and grant conditions; and, this claim is for all approved costs incurred within the Grant Performance Period and/or an advance of funds as provided for in the applicable year Budget Act authority.

(13) TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR		
FINANCIAL OFFICER		

## FORM 201 EZ INSTRUCTIONS

1. **RECIPIENT:**  
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **PROJECT TITLE:**  
Enter the project title as it appears on the approved "Grant Award Face Sheet".
3. **BILLING PERIOD:**  
Enter the time period for the current payment requested. (e.g. Jan 04, or Jan – Mar 04) Enter an "X" in the "FINAL" box when all expenditures for the recipient have been requested.
4. **ADDRESS:**  
Enter the permanent mailing address where the recipient payments are to be mailed. Enter an "X" in the "NEW" box if there is a change in the address.
5. **GRANT AWARD NUMBER:**  
Enter the recipient award number as it appears on line #6 of the approved "Grant Award Face Sheet".
6. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**  
Enter the Federal Employer Identification Number (FEIN) for your organization.
7. **CONTACT PERSON:**  
Enter the person to be contacted regarding questions on this claim.
8. **PHONE NUMBER:**  
Enter the phone number for the contact person.
9. **E-MAIL ADDRESS:**  
Enter the e-mail address for the contact person.
10. **FAX NUMBER:**  
Enter the fax number for the contact person.
11. **FEDERAL GRANT:**  
Enter the acronym for the Federal grant to which the activity applies in the column heading. Enter the current expenditures by category for the Federal funds requested, the Total Expenditures to Date (including this request), and the applicable match. Enter the amount of advance requested or to be withheld, as applicable.
12. **STATE GRANT:**  
Enter the acronym for the State grant to which the activity applies in the column heading. Enter the current expenditures by category for the state funds requested, the Total Expenditures to Date (including this request), and the applicable match. Enter the amount of advance requested or to be withheld, as applicable.
13. **CERTIFICATION:**  
Enter the typed name of the Project Director and the Fiscal Officer as shown on the "Grant Award Face Sheet". Enter the date the 201 is submitted. Original signatures are required.